

Lessons From the Practice

Inspiration for a Tired Medical Student

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It's all too easy for a second-year medical student to drown in the ocean of work that is so typical of the year. When this happens, the medical school experience becomes just hours of study and endless examinations. I was having this "drowning" feeling during midterm time when one of those clinical experiences occurred that for preclinical medical students is like glimpsing a life raft on the horizon.

That week I had two exams. On Monday afternoon, after the first one, I went to the internist's office where I did my weekly preceptorship. I was anticipating a typical afternoon of following her around and picking up clinical pearls. Instead, one of her patients had been admitted to one of the hospitals in San Francisco, and she wanted me to go there and to obtain as much of a history and physical examination from the patient as I could. She would come by an hour or two later and hear my report. I could feel my heart rate increase at the prospect of seeing a patient entirely on my own. Nervousness turned to excitement as I jumped into a taxi and headed to the hospital.

I had never been to this particular hospital. When I got there, I donned my white coat and went looking for the information desk. I marveled that this simple garment, the white coat, with a penlight and stethoscope hanging off it, gave me enormous privilege. As I walked through the hospital lobby, I noted the respect and power afforded me by my membership in the medical profession, and I felt a great sense of gratitude and responsibility.

I found the patient's room and politely introduced myself to her. She was an 80-year-old woman suffering from an acute attack of dyspnea due to pulmonary edema. Also in the room were her daughter and two sons, all much older than me. Interacting with these four people was sheer pleasure. Mostly we talked about what was happening to the patient and her past medical history. I was awed by the fact that I, a total stranger, could walk into this room and instantly have the trust of this family.

I was performing a simple physical examination on her when a team, consisting of an attending physician, an intern, and a couple of residents, arrived. I was brushed aside as they proceeded to do a history and physical with lightning speed. The family appeared a bit intimidated by the attending physician as he authoritatively fired off question after question. The examination was quickly and efficiently done, with little time spent to establish a doctor-patient relationship. Their manner bothered me, and I made

a vow that I would never see a patient without first addressing her and her family's needs.

After the team left, I decided to abandon the rest of the physical as I did not want to put the patient through any further exertion. We talked some more until I felt that I had gotten a complete history, and then I left. At the nurses' station, the team was discussing the patient's case, and, much to my relief, they were expressing concerns for her welfare. It was unfortunate that the time available to acquire the information needed and to teach the residents did not leave the physician time to show his concern to the patient while he was with her. I sat down and absorbed as many of the technical details of her case as I could.

Shortly after the team left, my preceptor arrived, and I presented the case to her. She told me she was proud of my presentation and reminded me of how far I had come since my first attempt to present a case. We then thoroughly discussed the details of the patient's illness, and I was gratified to realize that I could actually apply some facts and concepts after all the arduous hours of study. I also enjoyed being able to have this discussion with my preceptor as equals.

Finally we went to see the patient and her family. My preceptor thanked them and explained her role in my education. One of her sons responded by saying that it had been a pleasure talking to me, and the other said that I had a great "bedside manner." The patient herself said that talking with me had been very comforting. Their comments lifted my sleep-starved spirits, and suddenly I realized why I had been staying up past 2 AM night after night. All the studying and examinations were helping me become a physician, and being a physician meant having the ability to share in the lives of others and to bring them comfort. I found myself smiling as my preceptor chatted with the patient and her family, and I witnessed their mutual respect, trust, and friendship.

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"Lessons From the Practice" presents a personal experience of practicing physicians, residents, and medical students that made a lasting impression on the author. These pieces will speak to the art of medicine and to the primary goals of medical practice—to heal and to care for others. Physicians interested in contributing to the series are encouraged to submit their "lessons" to the series' editors.

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